

OCT 21 2006

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FROM: THOMAS E. CIOTTI**DATE: OCTOBER 20, 2006**

Number of pages with cover page:	3	Originals Will Not Follow
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Comments:

Atty Docket No: 25408-20006.00
 Application Serial No.: 10/535,620
 Filed: November 21, 2003
 Inventors: Abdullah I. HAJ-YEHIA *et al.*
 Art Unit: 1621
 Examiner: Not Yet Assigned
 Title: BETA-BLOCKERS HAVING ANTIOXIDANT AND NO-DONOR ACTIVITY

Enclosed are the following documents:

1. Transmittal – 1 page
 2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

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LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE

PA-1105151

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/535,620
		Filing Date	November 21, 2003
		First Named Inventor	Abdullah I. HAJ-YEHIA
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	2	Attorney Docket Number	254082000600

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Thomas E. Ciotti		
Date	October 20, 2006	Reg. No.	21,013

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300)
to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1400

Dated: October 20, 2006

Signature:

(Lindsay Seydel)

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PAGE 2/3 * RCVD AT 10/21/2006 12:25:20 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/37 * DNIS:2738300 * CSID:650 813 5993 * DURATION (mm:ss):01-16

OCT 21 2006

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/535,620
Filing Date	November 21, 2003
First Named Inventor	Abdullah I. HAJ-YEHIA
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	254082000600

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client requested transfer

CORRESPONDENCE ADDRESS

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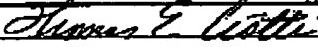
<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Kevin D. McCarthy Roach Brown McCarthy & Gruber, P.C.
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Address	162 Liberty Building 420 Main Street
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City	Buffalo	State	NY	Zip	14202-3616
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Country	U.S.A.
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Telephone	(716) 852-0400	Email	kdmccarth@roachbrown.com
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Signature	
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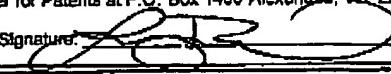
Name	Thomas E. Ciotti	Registration No.	21,013
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Date	October 20, 2006	Telephone No.	(650) 813-5702
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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PAGE 3/3 * RCVD AT 10/21/2006 12:25:20 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/37 * DNIS:2738300 * CSID:650 813 5993 * DURATION (mm:ss):01-16